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		San Jose,	CA 95110					(Signature)	
								(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVEN	TOR	TOR ATTORNEY DOCKET NO.		RNEY DOCKET NO.	CONFIRMATION NO.	
10/809,056	03/25/2004	Douglas Cosby			034430-000067		34430-000067	7004	
TITLE OF INVENTION:			PUBLICATION FEE I		PREV. PAID ISSUE	PDD	TOTAL FEE(S) DUE	DATE DUE	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE				\$0		10/24/2007	
nonprovisional	nonprovisional YES		00 \$0		\$0		\$700	10/24/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS	3					
ROBINSON, GRETA LEE		2168	707-200000					an Palermo	
PTO/SB/47; Rev 03-02 Number is required.	cation (or "Fee Address or more recent) attach	" Indication form led. Use of a Customer	orrespondence or agents OR, alterna (2) the name of a single registered attorney of			single firm (having as a member a or agent) and the names of up to attorneys or agents. If no name is all be printed.			
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Please check the appropria	ate assignee category or	categories (will not be pr	rinted on the patent):		Individual 🛂 Co	rporati	on or other private gro	up entity Government	
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	SMALL ENTITY statu	us. See 37 CFR 1.27.	☐ b. Applicant is n	o long	ger claiming SMAI	L EN	TITY status. See 37 CI	FR 1.27(g)(2).	
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Authorized Signature	Signature			Date 10/23/07					
Typed or printed name	Brian 1	D. Hickman			Registration N	lo	35,894	+	
This collection of informs an application. Confident submitting the completed this form and/or suggestic	ation is required by 37 Ciality is governed by 35 application form to the ons for reducing this bu	CFR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the	on is required to obtain 1.14. This collection when depending upon the chief Information (n or r is est indiv Office	etain a benefit by the imated to take 12 ridual case. Any cor, U.S. Patent and	he publ ninutes mment Traden	ic which is to file (and to complete, including son the amount of times of the control of the co	by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O.	

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